

Clinic: 80 30 51

Triage Level: 1 2 3 4 5

EMERGENCY VISIT RECORD

Primary Provider	3	2	1	Initials/Code	DAP
Other Provider					

Arrival Time: 0707

Triage Time: Triage Initial:

Room #: 13

Informant: P+

Chief Complaint: 0710 - ears & head are hurting - up all night	Temo: 97/60	Pulse: 50	Resp: 20	B/P: 124/71
Triage Subjective: Sitting c/o ear	SaO2: 100%	MEDS: pain contract	Wt: 18	Ht: 60
Triage Objective: Pericard	Valid		LMP:	

Provider: DE

Called to Room: 0735

Seen at: 0740

cc ear/jaw pain

Allergies: ASA - ? pen

Orders	Initials
Td	
PPD	
Hep B #	
Influenza	
MMAR	
OPV	
Pneumovax	
OTHER	

Disposition of Case

☐ Admit☐ Transfer☒ Discharge☐ Other/AMA Disposed

Departure Time: 0807

RN: 29 08

Condition: P= 8

Acuity Level: I II III IV V

99201 Scheduled Visit

E + M

99281 ER Visit

99282 ER Visit

99283 ER Visit

99284 ER Visit

99285 ER Visit

99291 Critical Care 1st hour

99292 (99291 +) 30 Min.

Other:

Lab Tests/X-Rays Ordered and Results

PURPOSE OF VISIT / PROBLEM LIST ADDITIONS OR CHANGES

CODING

Problem List	Status
A-N-C	Prob #
Chronic pain TMS - hx mandible fx	
Nausea	

Procedures

Injury Cause:

Inj Place:

Employ. Related: Y N

Inj/Acc Form Initiated: Y N

ETOH: Y N

O.V.: Y N

Store Plan for Problems

Remove Plan #

Education: AFTERCARE INSTRUCTIONS GIVEN

PMIS Y N N/A

ER Flowchart Attached

MEDICATIONS / PROCEDURES / TREATMENTS / PLAN:

aware w/ pain contract, ovaries, etc. etc. etc.
 Phenergan 25mg IM now
 Phenergan 25mg PO QID prn #6
 Fentanyl PEP
 pt has no other

FAI or Referral to:

03-53-62 M DOB 03/30/67
 ALLEN, TODD ANDREW
 4/19/03 07:07 CLIN 80
 VALDEZ
 ACCT 6165682

Date

4-19-03

Billing type:

None

Medicare

Medicaid

3rd party Ins.

W/C

MVA

Date Of Injury:

Allen (ANMC) - I

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nausea
TMT/ear pain

AFTERCARE INSTRUCTIONS		DIAGNOSIS:
LACERATION/WOUND CARE <input type="checkbox"/> Wound Check on: _____ <input type="checkbox"/> Stitch Removal on _____ <input type="checkbox"/> Keep Clean and Dry <input type="checkbox"/> Change Dressing		<input type="checkbox"/> Keep elevated to decrease swelling <input type="checkbox"/> Aspirin or Tylenol for pain (circle one) <input type="checkbox"/> Return if signs of infection: redness, swelling, fever, pus, hot
HEAD INJURY <input type="checkbox"/> Wake patient every 2 hours for next 24 hours <input type="checkbox"/> No aspirin products <input type="checkbox"/> No alcohol <input type="checkbox"/> Return if any of the following occur: confusion, unable to wake patient, nausea or vomiting, pupils unequal		COUGH/COLD SYMPTOMS <input type="checkbox"/> Fluids <input type="checkbox"/> No smoking <input type="checkbox"/> Medication as prescribed <input type="checkbox"/> Cool mist humidifier <input type="checkbox"/> Return if symptoms worsen, fever present
FRACTURES/SPRAINS <input type="checkbox"/> Keep injured part elevated for next 2 days, use ice to decrease swelling <input type="checkbox"/> Move fingers or toes often in cast or bandage <input type="checkbox"/> Do not insert objects under cast or wrap to scratch <input type="checkbox"/> Use crutches as instructed, use special care on ice/steps <input type="checkbox"/> Rewrap ace wrap if extremity becomes numb, cold, discolored or swollen <input type="checkbox"/> If no improvement - return		BACK/NECK PAIN <input type="checkbox"/> Firm surface to rest on <input type="checkbox"/> No heavy lifting until better <input type="checkbox"/> Wear collar as advised <input type="checkbox"/> Gentle, firm massage if approved by provider <input type="checkbox"/> Contact Physical Therapy at 729-1249 <input type="checkbox"/> Return if pain increases or you begin to experience tingling or numbness in _____
NAUSEA <input type="checkbox"/> Clear liquids for 12-24 hours or until nausea is gone <input type="checkbox"/> Avoid milk products, spicy or greasy foods, alcohol <input type="checkbox"/> Return if worse or not better in 24 hours		SEXUALLY TRANSMITTED DISEASES <input type="checkbox"/> Medication as prescribed <input type="checkbox"/> No unprotected sex for ____ days <input type="checkbox"/> Notify recent partners. <input type="checkbox"/> Return if symptoms worsen
DIARRHEA <input type="checkbox"/> Clear liquids frequently for 24 hours or until stools become firmer (Pedialyte, Resol, or Rice lyte in infants) <input type="checkbox"/> Advance slowly: rice cereal, bananas, applesauce, crackers, clear soup <input type="checkbox"/> Return if no improvement in 48 hours		
PELVIC INFLAMMATORY DISEASE <input type="checkbox"/> Bedrest until fever is gone <input type="checkbox"/> Warm baths to lessen pain <input type="checkbox"/> Use pads instead of tampons <input type="checkbox"/> No sex until symptoms gone, use condoms after that. <input type="checkbox"/> Return for increased fever, worsening symptoms		URINARY TRACT INFECTION <input type="checkbox"/> Drink large amounts of fluids (water, cranberry or other juices) <input type="checkbox"/> Medication as prescribed <input type="checkbox"/> Return if fever, more pain, worsening symptoms
MEDICATION AS DIRECTED: <input type="checkbox"/> PMIS given to patient		
ADDITIONAL INSTRUCTIONS: Taking meds as prescribed for pain Phenergan for nausea (caution drowsiness) Flu w/ your provider		
CALL FOR LAB RESULTS ON:		
Return to ED/UCC if symptoms worsen or do not improve by: <u>as needed</u>		
You were seen on <u>4/19/03</u> by <u>Dr. [Signature]</u> . This advice was received and understood by <u>[Signature]</u> (patient signature) and explained by <u>Dr. [Signature]</u> .		
Additional handouts:		
Follow up Appointment: Clinic: _____ Date: _____ Time: _____ (stamper)		<input type="checkbox"/> Referral made. The _____ clinic will call you on the next working day to set up an appointment.

03-53-62 M DOB 03/30/67
 ALLEN, TODD ANDREW
 4/19/03 07:07 CLIN 80
 VALDEZ
 ACCT 6165682

Allen(ANMC)-42

ALASKA NATIVE MEDICAL CENTER
 Emergency Dept./Urgent Care Center
 4315 Diplomatic Drive
 Anchorage, AK 99508
 phone: 729-1729

April 18, 2005 Visit to ER. @ 1:00 pm all night. in the ER. (D.A.)



ALASKA NATIVE MEDICAL CENTER



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ AND REVIEW IT CAREFULLY.

The Alaska Native Medical Center respects your privacy and understands that your personal health information is very sensitive. We make a record of the care and services you receive at the medical center. This information is needed to give you quality health care and comply with the law. For example, this information includes your symptoms, test results, diagnosis, treatment, health information from other medical providers, and billing and payment information related to those services. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

This privacy notice will tell you about: (1) the way that we may use and give out medical information about you; (2) your medical privacy rights; and (3) the responsibilities of the medical center in using and disclosing your medical information.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The list below describes different ways that we use and disclose medical information. For each category of uses or disclosures we explain what we mean and try to give an example.

For Treatment:

Information obtained by a member of our health care team will be recorded in your medical record and used to help decide what care may be right for you. We may also provide information to others providing your care. This will help them stay informed about your care so they may help you if needed. For example, a doctor may ask if you have high blood pressure to avoid giving you a medication that may make this condition worse. This information could be shared with nurses, pharmacists, dieticians or physical therapists so they know of the problem and avoid items that might make it worse.

For Payment:

We may use and disclose medical information about you so that the treatment and services you receive at the medical center may be billed to and payment may be collected from the government, insurance company, third party or other responsible person. For example, insurance companies may need information about surgery you had at the medical center in order to pay us. In addition, if someone else is responsible for your medical costs, we may disclose information to that person when we seek payment.